

TO CHANGE YOUR ADDRESS COMPLETE THE FOLLOWING
AND RETURN TO THE ADDRESS AT RIGHT:

APT / SUITE		STREET NUMBER AND NAME	
CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
TELEPHONE NUMBER			
DATE		SIGNATURE OF VOTER	

THIS CARD IS FOR YOUR INFORMATION.
PLEASE NOTE YOUR VOTING PRECINCT AND ITS
LOCATION. CONTACT THIS OFFICE IF YOU HAVE
ANY QUESTIONS.

You must present a Photo Identification
Card when you obtain your ballot.

Santa Rosa County
Supervisor of Elections
6495 Caroline Street
Milton, FL 32570



Ann W. Bodenstein
SUPERVISOR OF ELECTIONS

THIS IS YOUR VOTER REGISTRATION CARD. SIGN THE CARD, DETACH AND FOLD AS SHOWN.

DETACH

RACE	GEN	BIRTH DATE	PARTY	REGISTRATION DATE
REGISTRANT ID			DATE ISSUED	
SIGNATURE OF VOTER				

FOLD HERE

PRECINCT - VOTING PLACE - ELECTION DISTRICTS

DETACH